

The Great Seal of the State of California is a circular emblem. It features a central figure of a Native American man in traditional dress, holding a bow and arrow. The words "THE GREAT SEAL OF THE STATE OF CALIFORNIA" are inscribed around the perimeter, with "EUREKA" at the top. The seal is rendered in a light gray, semi-transparent style in the background.

California Health and Human Services Agency Long Term Care Council: First Year Accomplishments

January 2001

**Gray Davis
Governor
State of California**

**Grantland Johnson
Secretary
California Health and Human Services Agency**

TO: ALL INTERESTED PARTIES

FROM: GRANTLAND JOHNSON

DATE: January 1, 2001

SUBJECT Long Term Care Council Status Report

I am pleased to present to you the California Health and Human Services Agency's Report on the Long Term Care Council: First Year Accomplishments as required by AB 452 (Mazzoni), Chapter 895 Statutes of 1999.

This report summarizes the steps taken to establish the Long Term Care Council this year; reviews its goals and priorities; and describes both its short term interdepartmental priorities for the current fiscal years as well as the priorities articulated in the Governor's proposed 2002 Budget.

AB 452 articulated a broad array of long term care issues to be addressed and recognized that the Council would need to strategically prioritize in order to successfully address any of these issues. Using the directives in AB 452, the Council has embarked on this type of focused activities. I hope this report will be helpful to the Legislature in its own strategic planning efforts.

Enclosure

California Health and Human Services Agency

Long-Term Care Council

Authorizing Legislation

AB 452 (Chapter 895 Statutes of 1999) required the California Health and Human Services (CHHS) Agency to establish a Long Term Care (LTC) Council comprised of the Directors of the Departments of Aging, Developmental Services, Health Services, Mental Health, Rehabilitation, Social Services, Veterans Affairs and the Office of Statewide Health Planning and Development. The CHHS Agency Secretary chairs the LTC Council, which is required to conduct quarterly public meetings. A list of the Council members is presented in Appendix A.

The legislation also establishes an Executive Subcommittee, chaired by a CHHS Agency Assistant Secretary, comprised of the appropriate deputies and other officers from the departments participating on the Council. This subcommittee is required to meet as frequently as necessary to conduct the Council's work.

Goals

The LTC Council's duties, as articulated in AB 452, include:

- Promoting coordinated LTC planning and policy development, including the development of service and utilization data necessary for policy development;
- Developing as a first priority, strategies to improve the quality and accessibility of consumer information on the LTC programs administered by these state departments;
- Designing strategies to better monitor the consumer responsiveness of LTC services and programs;
- Developing strategies to streamline the regulatory process for LTC programs and services;
- Identifying subgroups needing LTC services who are under-served and develop strategies responding to their needs;
- Establishing priorities and timelines for carrying out the Council's duties;
- Reviewing and make recommendations on all LTC budget changes being proposed by departments participating on the Council; and
- Reporting annually to the Legislature on the Council's progress to date, commencing in January 2001.

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Long-Term Care Council, Continued

Other Requirements

AB 452 also requires the Legislative Analyst to include a summary of LTC program spending and, to the extent feasible, projected changes in the LTC population composition, in its analysis of the Governor's Budget for 2001-02 and 2006-07.

AB 452 became effective in January 2000 and sunsets in January 2007, unless extended by the Legislature.

Olmstead Decision

In July 1999, as AB 452 was being considered by the California Legislature, the United States Supreme Court rendered a major decision in the case of *Olmstead v. L.C.* The case involved two sisters confined to a state mental hospital, who had been assessed as appropriate for community placement, but had not been placed in a reasonable time period.

In the *Olmstead* case, the Court clarified Title II of the Americans with Disabilities Act (ADA). Title II provides that a person with a disability has a right to services in the most integrated appropriate setting. The Court ruled that an individual receiving mental health services has a right to live in a community setting so long as three conditions were met:

- The person's treating physician determines that community placement is appropriate;
- The individual does not oppose such placement; and
- The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of other that are receiving state-supported disability services.

The Supreme Court, in a concurring opinion, indicated that states could establish compliance with Title II of the ADA if it demonstrates that it has:

- A comprehensive, effective working plan for placing qualified persons with disabilities in less restrictive settings; and
 - A waiting list that moves at a reasonable pace not controlled by the State's endeavors to keep its institutions fully populated.
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Long-Term Care Council, Continued

Federal Directives

Following the Olmstead ruling, the federal Department of Health and Human Services (DHHS) sent letters to each Governor urging states to create state Olmstead implementation plans. The Health Care Financing Administration (HCFA) and the DHHS Office of Civil Rights (OCR) also sent a joint letter to state Medicaid Directors providing guidance in the creation of such a plan.

The Medicaid directors letter indicates that “states are required to provide community-based service for persons with disabilities who would otherwise be entitled to institutional services” under the three conditions noted above. Since these letters were released, HCFA and the OCR have made ADA compliance for the Medicaid program a major goal. HCFA has held regional conferences devoted to the subject of moving individuals from institutions to community care and HCFA and the OCR visited most states to discuss the status of their planning. Such a meeting was held with key CHHSA staff and department representatives on June 27, 2000.

LTC Council’s Role

The Long Term Care Council has been assigned the central role in Olmstead planning and implementation in California. The Council’s Mission and Vision Statement includes an Action Statement that explicitly addresses the steps the State plans to take to modify the existing assessment process to assist individuals who wish to transition into more independent living settings.

As a first step, the Council has been conducting Public Forums to gain input from LTC stakeholders, particularly consumers, families, and other concerned parties who cannot travel to Sacramento for the LTC Council meetings.

Accomplishments to Date

Establishing the Council

In advance of the first Council meeting, the CHHS took several steps to successfully launch the Council:

- A short-term contract with Birch & Davis, Holding, Inc. was secured to prepare a report identifying the key issues that lead to AB 452 and the critical priorities of the department directors who would be serving on the LTC Council;
 - The Council's Executive Subcommittee began meeting weekly to plan the first Council meeting; establish a better understand the full range of LTC programs administered by the various departments on the Council; and to develop a shared draft mission and value statement for the Council; and
 - The CHHS designated and filled an Assistant Secretary position that would be dedicated to the Long Term Care Council's activities.
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First Long Term Care Council Meeting

Overview The first LTC Council meeting was held on June 29, 2000 at the Sacramento Downtown Library. There was a strong turnout. Approximately 100 individuals attended; 28 individuals provided public comment on the draft mission and vision statement or on broader LTC issues. Written comments were received from 7 individuals or organizations.

Action Items The Secretary instructed the LTC Council to undertake the following activities prior to the next Council meeting :

- Make the appropriate revisions to the Mission and Vision Statements based on verbal and written comments received;
- Coordinate with the Department of Aging in soliciting and reviewing the Challenge Grants, focused on increasing home and community-based alternatives to nursing home care; and
- Develop priority issues to be addressed by the Council in the short and longer term.

Second Long Term Care Council Meeting

Overview

The second Council meeting was held on September 29, 2000 at the same location. Approximately 130 individuals attended. The Departments of Aging and Health Services provided an update on their accomplishments to date in implementing the Governor's *Aging with Dignity* Initiative. Cordula Dick-Muehlke, Pd.D., the Chairperson of the CHHS Alzheimer's Disease and Related Disorders Advisory Committee, provided an overview of the committee's key policy priorities and activities for the year.

A significantly revised Mission, Vision, and Value Statement was also presented. While there were a few additional requests for changes or additions, stakeholders found that the majority of their comments and recommendations were reflected in the document's revisions.

An Action Statement had also been added to the Council's Mission, Vision, and Value Statements, which specifically addressed:

- The Council's desire to collaborate with consumers and advocates in taking steps to evaluate, where appropriate, the existing process of assessing individuals currently residing in institutional settings who wish to transition to a more independent living situation; and
- The Council's commitment to hold public forums throughout the state to meet with LTC stakeholders, particularly individuals with disabilities and their families and representatives who cannot travel to the Capitol, to better understand their concerns; the barriers they encounter in accessing LTC services; and to engage them as collaborators in the Council's planning efforts.

The revised Mission, Vision, and Value Statement can be found in Appendix B.

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Second Long Term Care Council Meeting, Continued

Budget Planning Process

The Executive Subcommittee's report noted that AB 452 requires the participating departments to share with each other any LTC budget changes they are proposing for input and reaction prior to its submission.

In developing departmental budget proposals for FY 2001-2002, the participating departments took this statutory requirements a full step further and collaboratively developed proposals that support the Council's goals, values, and priorities focused on building the state's long term care infrastructure.

There was a recommendation that the next Council meeting be postponed until mid-January so the long-term care initiatives included in the Governor's Proposed 2001-2002 Budget could then be presented.

Current Year Priorities

The Executive Subcommittee also proposed an ambitious work plan that includes 7 core activities to be initiated during the current year.

These core activities were selected because they:

- Respond to AB 452's priorities and requirements;
 - Would permit the State to test new options that could potentially provide a greater range of high quality LTC alternatives that promote care in more independent settings; and
 - Expand the infrastructure required for consumers to make informed decisions about their LTC options.
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Second Long Term Care Council Meeting, Continued

Current Year Priorities (cont.)

A summary of these core activities, as discussed at the September meeting, is presented in the following table.

	Activity
1.	<p>Seek LTC Stakeholder Input</p> <p>The legislative intent in establishing the LTC Council clearly spoke to improving access to, the coordination between, and the quality of LTC services from the consumer's perspective. Establishing routing channels for the consumer's perspective to be heard is essential for the Council's efforts to be successful.</p> <p>CURRENT YEAR ACTIVITIES: The LTC Council's Executive Subcommittee will hold at least four Public Forums throughout the state to gain input from all LTC stakeholders, particularly consumers, their families and representatives, who cannot travel to Sacramento to be heard, to better understand their experiences and concerns. This process will begin in Fall 2000 to help shape the Council's strategic planning efforts. Other meetings will be held in Spring 2000 to share the draft strategic plan. The CHHS is the lead in implementing this activity.</p> <p>STATUS: Two very well attended Public Forums were held in Nevada City (November 28, 2000 and San Diego (December 13, 2000). A forum in Oakland is scheduled for January 11, 2001. Sessions in Los Angeles and Monterey/Santa Cruz are being planned.</p>

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Second Long Term Care Council Meeting, Continued

Current Year Priorities (cont.)

2.	<p>Consumer LTC Information Workgroup</p> <p>The LTC Council's Executive Subcommittee will develop a workgroup to improve consumer information on LTC options and issues for consideration in the decision making process. This workgroup will focus on both content and access to information.</p> <p>CURRENT YEAR ACTIVITIES: An Executive Subcommittee Workgroup will be established that will:</p> <ul style="list-style-type: none">• Collect all available information and sort these materials into appropriate categories;• Assess appropriate methods for distributing this information; and• Develop strategies to ensure access (e.g., alternative formats; non-English speaking language needs; alternative media, etc.) to reach diverse populations in need of LTC services. The Department of Rehabilitation will be the lead in implementing this activity. LTC stakeholders throughout the state will be encouraged to participate <p>STATUS: The Council members have been actively participating in the Governor's e-Government Taskforce and exploring how technology can assist in consumer access to LTC information. The Departments have directed significant resources to developing internet tools, the first phase of which is likely to be unveiled in January 2000. The Executive Subcommittee has played an active role in coordinating this multi-departmental effort.</p>
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Second Long Term Care Council Meeting, Continued

Current Year Priorities (cont.)

	Activity
3.	<p>Challenge Grant Implementation</p> <p>The legislation authorizing the Challenge Grants, which are a component of the Governor's <i>Aging with Dignity</i> initiative, requires the Department of Aging to involve the LTC Council in the implementation of this grant program. The Challenge Grants focus on expanding community alternatives to nursing home placement.</p> <p>CURRENT YEAR ACTIVITIES: The Long-Term Care Council will provide input to the Department of Aging in the development of the Challenge Grant Request for Proposal (RFP); lend staff to assist in the application review; participate in the final selection process; and provide input on the criteria and process to be used in evaluating the grants outcomes.</p> <p>The Department of Aging is the lead in this activity. Stakeholder technical assistance was provided through eight (8) statewide meetings to help potential applicants understand the RFP process and complete the application.</p> <p>STATUS: Council members reviewed the draft Challenge Grant RFP and provided input to Department of Aging. Department of Aging responded to over 1,000 requests for the Challenge Grant application. Nearly 200 proposals were submitted. The majority of the Council members loaned staff to the Department of Aging to serve on the review and selection committee. Final grant awards will be announced in January 2001.</p>

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Second Long Term Care Council Meeting, Continued

Current Year Priorities (cont.)

	Activity
4.	<p>Coordinating Community Long Term Care Services Workgroup</p> <p>Programs and agencies at the local level have requested State level involvement to implement changes aimed at improving interagency coordination; streamlining the consumer referral process; and simplifying the state data reporting process.</p> <p>CURRENT YEAR ACTIVITIES: An Executive Subcommittee Workgroup will be established to improve interagency coordination among the key home and community-based long-term care programs. In the first year, the focus will be on the In-Home Supportive Services, Adult Protective Services, Multipurpose Senior Services, and Linkages Programs.</p> <p>The Departments of Aging and Social Services are the lead in implementing this activity. LTC stakeholders throughout the state will be encouraged to participate</p> <p>STATUS: The first meeting of this workgroup was convened on December 5, 2000. Work group goals and priorities were established and the agenda for the next meeting set.</p>

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Second Long Term Care Council Meeting, Continued

Current Priorities (cont.)

5.	<p>Assessment Tools and Processes for Transitions Into/Out of Nursing Facilities Work Group</p> <p>The existing assessment tools and processes will be examined to identify consumer's health, mental health, housing, long-term care, and other supportive needs; the resources and supports available to them; and other options available. The process for conducting assessments should also be reviewed to evaluate how consumers can better be informed of their service options.</p> <p>CURRENT YEAR ACTIVITIES: The Department of Health Services, Medi-Cal Operations Management and Policy Section will review their existing assessment tools and processes and develop any required new tool(s). These tools and processes will be submitted for review and comment by the other departments on the Council and outside stakeholders. Input will also be sought on the process for identifying consumers for assessment, where and when to conduct these assessments, who should be conducting these assessments, and how this process and information gathering should tie into whatever the consumer's next steps may be, etc.</p> <p>The Department of Health Services is the lead in implementing this activity. LTC stakeholders throughout the state will be encouraged to participate.</p> <p>STATUS: This work group will begin its activities after January 2001.</p>
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Second Long Term Care Council Meeting, Continued

Current Year Priorities (Cont.)

	Activity
6.	<p>Data Development Work Group</p> <p>Data on the characteristics of long-term care consumers being served, the types of services being utilized, and the expenditures involved is important in long-term care program and public policy planning.</p> <p>CURRENT YEAR ACTIVITIES: An Executive Subcommittee Work Group will be established to collect and inventory the long-term care data currently being collected by public programs at the state level.</p> <p>The Office of Statewide Health Planning and Development is the lead in implementing this activity. LTC stakeholders throughout the state will be encouraged to participate.</p> <p>STATUS: The first work group meeting was convened on December 7, 2000. Discussion at the first meeting focused on discussing the data requirements specified in AB 452 and AB 27 (Chapter 950, Statutes of 1999), prioritizing efforts, and identifying other new federal and state data requirements this group's efforts must comply with. A second December meeting is scheduled that will in part focus on what should be included in the Data Inventory and how can it must effectively be conducted. Finalizing the priorities for the current year was postponed until the next meeting.</p>

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Second Long Term Care Council Meeting, Continued

Current Year Priorities Priorities

	Activity
7.	<p>Long-Term Care Licensing and Regulatory Work Group</p> <p>The existing licensure requirements for in-home, residential, intermediate, and skilled nursing facilities will be examined to develop recommendations that can further increase quality assurance; promote consistent public policy; encourage new models that provide care in more integrated settings; and provide licensure flexibility for services to evolve as local needs change.</p> <p>CURRENT YEAR ACTIVITIES: An Executive Subcommittee Work Group will be established that will:</p> <ul style="list-style-type: none"> • Examine the current licensure types and requirements for the various long-term care licensure categories; • Identify “best practices” from existing California programs and models from other states that may be worthy of consideration; and • Make recommendations for potential legislative/regulatory action. • The Department of Health Services, Licensing and Certification Program and the Department of Social Services, Community Care Licensing Program are the lead in implementing this activity. LTC stakeholders throughout the state will be encouraged to participate. <p>STATUS: Departments of Health Services and Social Services are currently preparing materials on the licensure categories that will be used by the work group. The first full stakeholder meeting will be convened in January 2001.</p>

Action Items

The Secretary advised that the Mission, Vision and Values Statement and the proposed Work Plan would be adopted in a final form at the next Council meeting. The draft Work Plan was adopted in the interim.

Summary

First Year Achievements

Within the CHHS, there is clear consensus that the Council can play a valuable role in coordinating policy development and strategic planning since responsibility for long term care programs is shared by several departments and many programs within those departments.

The Long Term Care Council activities between April and December 2000 include:

- Establishing an effective Agency Work Group The CHHSA, and the state departments and offices participating on the Long Term Care Council, have all contributed significant resources to the successful implementation of the Council. In addition to the quarterly Council meetings, the Executive Subcommittee has met on a weekly basis and participated in three full day off sites.
- Public Input The Council has conducted two well attended Long Term Care Council meetings that have produced significant stakeholder input and participation. The next council meeting will be January 24, 2001. The Executive Subcommittee has also held two regional forums to gain input from long term care consumers, their families, and other stakeholders. Three additional meetings are scheduled;
- Mission Statement Adoption of a mission, vision, and values statement to guide the CHHS in all of its long term care activities;
- Work Groups to focus the Council's efforts include:
 - Consumer LTC Information to expand and improve access to and availability of consumer LTC information;
 - Coordination of Community LTC Services to improve coordination among existing community support options;
 - Data Development, particularly responding to the AB 27 requirements;
 - Licensing and Regulatory Streamlining to support innovative care models and "aging in place;" and
 - Collaboration with EDD in development of the Caregiver Training Initiative and with Department of Aging on the LTC Challenge Grant Program.

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Summary, Continued

Establishing a Foundation (cont.)

- Special Projects Several of the budget proposals developed by the LTC Council have been included in the Governor's Proposed 2001-2002 Budget. These projects include:
 - Development of the California Care Network website to provide consumer LTC information on-line;
 - Extension of the Senior Wellness Campaign;
 - A pilot program to test a new assessment and transition process for nursing home residents seeking placement in other care settings;
 - A pilot program to develop alternatives to Institutions for Mental Disease; and
 - Development of an Assisted Living Waiver Program.
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Appendix A—California Health and Human Services Agency Long Term Care Council Membership

Chairperson	Grantland Johnson, Secretary, Health and Human Services Agency
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Council Members:	Cliff Allenby Director, Developmental Services
	Diana Bontá Director, Health Services
	Dr. Catherine Campisi Director, Rehabilitation
	Dr. Stephen Mayberg Director, Mental Health
	Rita Saenz Director, Social Services
	Lynda Terry, Director, Aging
	Bruce Thiesen Interim Secretary, Veterans Affairs
	Dr. David Carlisle Director, Office of Statewide Health Planning and Development

Appendix B—Long Term Care Council Mission, Vision, and Values Statement (DRAFT September 2000)

BACKGROUND

California currently has an array of public long-term care programs. What the State is continuing to develop is a long-term care system out of this set of services that:

- Will permit consumers to find the information needed to make informed decisions about their options;
- Further promote the development of an array of care options;
- Assure meaningful care standards; and
- Assure that the options available provide high quality care.

The development of the Long-Term Care Council, as authorized in AB 452 (Chapter 895, Statutes of 1998), is one key step in addressing these issues collaboratively across the State departments administering public long-term care programs.

DEFINING LONG-TERM CARE

Long-term care is a set of social, personal care, health and protective services required over a sustained time period by a person who has lost or never acquired some degree of physical or cognitive capacity, as measured by a functional and cognitive assessment rather than being tied to a specific diagnosis or linked exclusively to age.

LONG TERM CARE COUNCIL'S MISSION STATEMENT

The Long-Term Care Council will provide state-level leadership in developing a coordinated long-term care system that includes a full array of services, that promotes personal choice and independence while also assuring fiscal responsibility and equitable access to all long-term care consumers.

VISION STATEMENT

A long-term care system that supports consumer dignity and independence, provides a full array of care options, and is cost effective.

VALUES STATEMENT

FOCUS ON PREVENTION

Resources are allocated to prevention and wellness activities to minimize disability, prevent secondary disabilities, and promote health, regardless of age or disability. Diet, nutrition education, exercise, smoking cessation, and early detection/treatment of the diseases that lead to chronic, long-term health conditions can significantly decrease the

need for long-term care. Attention must also be focused on preventing the development of secondary disabilities, which often go undiagnosed in persons with disabilities. Consumer education efforts, as well as health care provider resources on these issues, are essential tools to be incorporated in our long-term care strategic planning effort.

RESPECT FOR DIVERSITY

California is a multi-lingual, multi-ethnic society. There is also great diversity among the consumers of long-term care in their abilities and their needs. All these aspects of diversity must be recognized in our planning efforts. An infant born with developmental disabilities, a teenager who is quadriplegic due to a car accident, an adult with AIDS, and an elder who cannot walk or speak because of a stroke are all consumers of long-term care services. Individuals requiring long-term care assistance have a broad range of functional and/or cognitive abilities.

Information and services must be provided in a manner that meets the cultural, linguistic, and sensory needs of these diverse populations.

HONORING CHOICE, DIGNITY, INDEPENDENCE AND QUALITY OF LIFE

Individuals needing long term care assistance are encouraged to learn about service options and identify their preferences and choices. Services are designed and delivered in a way that fosters the consumer's physical and emotional independence and dignity; allows consumers to take reasonable risks based on informed choice; and provides for health and well-being free from neglect and abuse. Quality of life is a critical value to be honored.

SEEKING INPUT FROM CONSUMERS, FAMILY CAREGIVERS, AND THE COMMUNITY

The State will develop opportunities for on-going local and state-level consumer, family caregiver, and community input in the design and administration of all publicly funded long-term care programs.

IMPROVING ACCESS TO TIMELY, COMPLETE, AND USER-FRIENDLY INFORMATION AND SERVICES

Consumers need better access to timely, comprehensive, understandable information on the full array of long term care options available to aid them in understanding their options. The State, in coordination with local agencies, will place a high priority on developing this type of information in various mediums and it will also collaborate with local agencies to improve coordinated access to services at the local level.

DEVELOPING A FULL ARRAY OF SERVICES

A full array of long-term care service options is needed to assure that consumers can receive assistance in the most integrated setting. Appropriate care empowers people physically and emotionally. The State is taking steps to improve the long-term care system so that Californians needing this assistance can continue to be integrated members of the community in which they live.

USING ASSISTIVE AND OTHER FORMS OF TECHNOLOGY

Technology will continue to be used to empower consumers, reduce the need for traditional services, improve access to consumer information, enhance care delivery, and make better information available to public policy makers.

EXPANDING THE AVAILABILITY OF PALLIATIVE CARE

New partnerships must be developed to expand the availability of palliative care. Significant clinical advances have been made in pain control and symptom management. Yet many Californians, who have health conditions for which there is no cure, do not receive this type of treatment. Among the terminally ill, many individuals who could benefit from hospice care do not receive these services early enough to substantially improve the quality of their end-of-life care.

DEVELOPING SERVICE COORDINATION STRATEGIES TO ASSURE THAT CONSUMERS RECEIVE THE RIGHT SERVICES AT THE RIGHT TIME

Assistance with service coordination (often also referred to as “care management”) is a valuable tool for many consumers either periodically or on an on-going basis.

This role includes: assessing a consumer’s functional and cognitive capacity; determining, with input from the individual, the appropriate and available services; arranging for needed services; and assuring the adequacy and quality of the services being provided. This planning should actively solicit the consumer’s preferences and choices in the planning process and include the consumer’s satisfaction with the services in the monitoring process.

Strategies to expand the availability of this service in a way that is complementary to consumer-directed care must be developed.

SUPPORTING CAREGIVERS

The State recognizes in its policy development and system building that family and friends provide considerable long-term care assistance. Acknowledging this important contribution, the State will seek additional opportunities, through existing or new programs, to support these caregivers particularly through training and respite opportunities. Practices that promote respect for the dignity and rights of both consumers and providers of long term care are necessary to create an efficient and caring long-term care system.

LONG-TERM CARE WORKFORCE AVAILABILITY

Health and long-term care providers across the nation are facing workforce shortages that will negatively impact their ability to provide and expand long-term care options. The State will work with these stakeholders to identify successful strategies that encourage individuals to enter and remain in a broad range of care giving roles. Attention must also be directed to developing a workforce that reflects the population that is being served and that can provide those services in a culturally competent manner.

Encouraging Flexibility and Innovation

The State seeks to act as a “promoter” of new long term care models. As the field of long-term care continues to develop, the State will continue to learn from the various pilot programs and innovative initiatives and encourage replication of successful demonstrations of new care delivery/financing models.

NEED FOR IMPROVED PROGRAM INFORMATION TO FACILITATE STRATEGIC PLANNING

Additional information on the characteristics of long-term care consumers being served, the types of services being utilized, caseload trends, and a more comprehensive understanding the distribution of program expenditures is not readily available to service providers or local or state policymakers. To effectively manage these programs and conduct viable strategic planning, such information is needed. The State will provide leadership in developing a plan to improve the type of data available for these purposes.

PROVIDING EDUCATION ON THE RISK OF NEEDING LONG-TERM CARE AND VIABLE OPTIONS AVAILABLE TO PLAN AHEAD FOR THAT POTENTIAL NEED

The State will educate consumers and employers on the risks and costs associated with needing long-term care and will promote and encourage personal responsibility in planning for long-term care needs through the purchase of private insurance and other financial mechanisms. Encouraging private planning for long-term care will more equitably distribute the burden of providing care between the public and private sectors.

ASSURING RESPONSIBLE STEWARDSHIP

The State will act as a responsible steward by administering a long term care system which:

- Is responsive to the consumers it serves;
- Provides high quality services;
- Is cost effective in purchasing services by obtaining the optimum consumer outcome for the expenditure;
- Is cost effective in operations and administration by maximizing coordination between the numerous state and local agencies involved and reducing duplication of effort;
- Maximizes the use of federal funding in order to expand the full range of long term care options, including assistive, independent, and supported living services;
- Is sustainable over time; and
- Actively collaborates with the private sector, philanthropic organizations, universities, and volunteer groups.

ACTION STATEMENT

The Long Term Care Council, through its Executive Subcommittee, intends to collaborate with all long term care stakeholders, including persons with disabilities, their families and representatives, service providers, counties, and public and private entities to expand cost-effective community supports and services to prevent unnecessary institutionalization.

The Council's action steps will also include modifying, where appropriate, the existing process of assessing individuals currently residing in institutional settings who wish to transition to a more independent living situation. This assessment will identify the individual's existing resources and identify any barriers in relocation; explore the development of appropriate resources; assist in the transition process; and provide monitoring during the transition to ensure that the new setting can meet the consumer's health and safety needs. The State is ready to undertake pilot projects to begin this assessment process, which would help shape a larger scale undertaking.

The Council's first action steps will focus on care settings that have been identified as priorities by persons with disabilities, their families, and advocates. A draft assessment tool is being prepared and will soon be ready for review and comment.

In this early stage of its activities, the LTC Council, through the Executive Subcommittee, plans to hold listening sessions throughout the state to meet with LTC stakeholders, particularly individuals with disabilities and their families and representatives who cannot travel to the Capitol, to better understand their concerns and the barriers they encounter in accessing LTC services and to engage them as collaborators in our planning efforts. These comments will be formally recorded. Based on this input, the Council will develop a draft strategic plan; circulate that plan for comment; and formalize the plan.